2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# 754189

Entity Name: BOUGAIN-VILLA OF BAY HARBOR ISLANDS CONDOMINIUM ASSOCIATION,INC.

Current Principal Place of Business:

1065 98 STREET
6
BAY HARBOR, FL 33154 US

New Principal Place of Business:

Current Mailing Address:

1065 98 STREET
6
BAY HARBOR, FL 33154 US

New Mailing Address:

FEI Number: 59-2192662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEZA, ISABEL
1065 98 ST, # 6
BAY HARBOR ISLANDS, FL 33154 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	VP	(X) Delete
Name:	QUINTANA, THAIRY	
Address:	1065 98TH ST #7	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	
Title:	P	( ) Delete
Name:	DEZA, ISABEL	
Address:	1065 98 ST, # 6	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	
Title:	T	( ) Delete
Name:	LAGARI, ISAAC	
Address:	1065 98 ST, # 4	
City-St-Zip:	BAY HARDOR ISLAND, FL 33154	
Title:	S	(X) Delete
Name:	ANDERSON, MICAHEL	
Address:	1065 98 ST. APT #9	
City-St-Zip:	BAY HARDOR ISLAND, FL 33154	
Title:	VP	( ) Delete
Name:	ARENAS, MARIA	
Address:	1065 98TH ST #3	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	ARENAS, MARIA	
Address:	1065 98TH ST #3	
City-St-Zip:	BAY HARBOR ISLANDS, FL 33154	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISAAC LAGARI T 04/20/2009

Electronic Signature of Signing Officer or Director Date